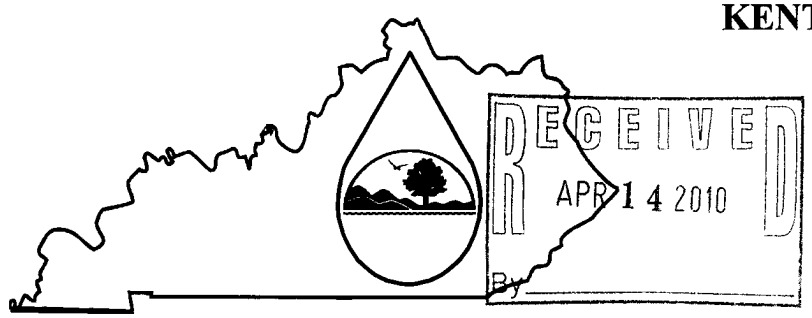
KPDES FORM 1

AI: 77108

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM



PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
- ☒ Apply for reissuance of expiring permit.
- ☐ Apply for a construction permit.
- ☐ Modify an existing permit.
  Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:
Form A, Form B, Form C, Form F, or Form SC

For additional information contact:
Surface Water Permits Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION	AGENCY USE	0	1	0	5	8	8	1

A. Name of Business, Municipality, Company, Etc. Requesting Permit
Republic Conduit Manufacturing

B. Facility Name and Location	C. Primary Mailing Address (all facility correspondence will be sent to this address). **Include owner's mailing address (if different) in D.**
Facility Location Name: Republic Conduit Manufacturing	Facility Contact Name and Title: Mr. ☒ Ms. ☐ Bruce D. Gaylord, PG, QEP – Environmental Expert
Facility Location Address (i.e. street, road, etc., **not P.O. Box**): 7301 Logistics Drive	Mailing Address: 7301 Logistics Drive
Facility Location City, State, Zip Code: Louisville, KY 40258	Mailing City, State, Zip Code: Louisville, KY 40258
D. Owner's name (if not the same as in part A and C):	Facility Contact Telephone Number: 502-995-5941
Owner's Mailing Address:	Owner's Telephone Number (if different): 502-995- 5900

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: Manufacture hot dip and electrogalvanized electrical conduit

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	3317 – steel pipe and tubes, galvanized		
Other SIC Codes:			

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for the site. (See instructions)

B. County where facility is located:	City where facility is located (if applicable):
Jefferson	Louisville

C. Body of water receiving discharge:
Ohio River

D. Facility Site Latitude (degrees, minutes, seconds):	Facility Site Longitude (degrees, minutes, seconds):
N 38° 10' 21"	E 85° 53' 17"

E. Method used to obtain latitude & longitude (see instructions): 7 ½ Quad Sheet

F. Dun & Bradtreet # 618939867

IV. OWNER/OPERATOR INFORMATION

A. Type of Ownership:

☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:	Telephone Number:
N/A	
Operator Mailing Address (Street):	
Operator Mailing Address (City, State, Zip Code):	
Is the operator also the owner? Yes ☐ No ☐	Is the operator certified? If yes, list certification class and number below. Yes ☐ No ☐
Certification Class:	Certification Number:

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:	Issue Date of Current Permit:	Expiration Date of Current Permit:
KY0105881	2-20-2006	3-31-2011
Other DOW Operational Permit #:	Kentucky DMR Permit Number(s): KY0105881	Sludge Disposal Permit Number:
Other Existing Environmental Permit #:	Other Existing Environmental Permit #:	Other Existing Environmental Permit #:

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	See attached listing	
Solid or Special Waste	N/A	
Hazardous Waste - Registration or Permit	KYR-000-043-828	

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	Bruce D. Gaylord PG, QEP
DMR Official Telephone Number:	502-995-5941

B. DMR Mailing Address:

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:	
DMR Mailing Address:	
DMR Mailing City, State, Zip Code:	

Jefferson County Air Pollution Control District
Air Permits

13-05-C	LEMT E-Galv
14-05-C	E-Galv scrubber
15-05-C	Inch Marker
15-05-C	Inch Marker
15-05-C	LEMT Inch Marker
16-05-C	LEMT painting Operation
17-05-C	Thermal Oxidizer
18-05-C	Hot Dip Clean and Pickle
19-05-C	Hot Dip scrubber
20-05-C	Hot Dip Galvanizing
21-05-C	Hot Dip baghouse
22-05-C	Rigid threadline
24-05-C(R-1)	Combustion Equipment
25-05-C	Zinc Dissolution Process
26-05-C	Wastewater Treatment Silo
27-05-C	Solvent Parts Cleaners
28-05-C R2	30 Storage Tanks
474-07-C	weld mills modification
475-07-C	baghouse for mills
93-08-C	HCl regeneration process
442-08-C	abrasive blast cabinet
443-08-C	emergency generator
445-08-C	should be VOIDed
526-08-C	Passivation Mist Eliminator
587-08-C	totes and tanks
588-08-C	aerosol touch up
589-08-C	weld flaw line marking
692-08-C	small dia thread line end coater
693-08-C	lg. dai thread line end coater
32-09-C	Paint tank capacity correction
33-09-C	UV Ink printers
34-09-C	HCl tank flexibility
130-09-C	Metaullic Zinc Recovery system
20-10-C	cold solvent parts cleaner

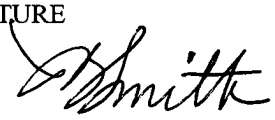
VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed in "Form 1 Instructions" and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. For permit renewals, please include the KPDES permit number on the check to ensure proper crediting. Please see the separate document "General Instructions" for an expanded description of the base fee amounts.

Facility Fee Category:	Filing Fee Enclosed:
Non- Process Industry	$440.00

VIII. CERTIFICATION

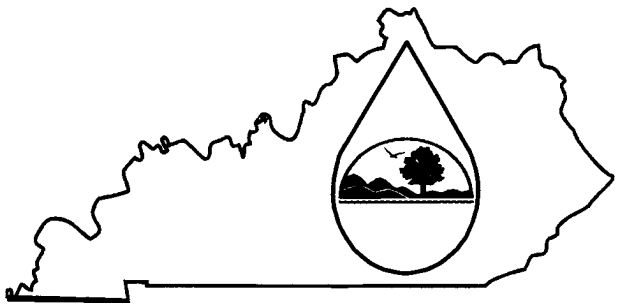
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	PHONE NUMBER: 502-995-5939
Mr. ☒ Ms. ☐ LeMoyne Smith, President	EMAIL: lsmith2@republicconduit.com
SIGNATURE 	DATE: 4-12-10

Return completed application form and attachments to: **Surface Water Permits Branch, Division of Water, 200 Fair Oaks Lane, Frankfort, KY 40601. Direct questions to: Surface Water Permits Branch at (502) 564-3410.**

KPDES FORM F

AI: 77108



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, Contact Surface Water Permits Branch, (502) 564-3410.

I. OUTFALL LOCATION — AGENCY USE: 0 1 0 5 8 8 1

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and name the receiving water.

A. Outfall Number	B. Latitude			C. Longitude			D. Receiving Water (name)
002	N38	10	13	W85	53	15	drainage ditch to Mill Creek
003	N38	10	12	W85	53	12	drainage ditch to Mill Creek

II. IMPROVEMENTS

A. Are you now required by any federal, state, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls No.	Source of Discharge	3. Brief Description of Project	4. Final Compliance Date a. req.	b. proj.
N/A					

B. You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. SITE DRAINAGE MAP

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfall(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each know past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage of disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which receive storm water discharges from the facility.

III. Responses

The attached site drainage map, shows the two outfalls, highlighted in yellow and green, Yellow being #2 and Green being #3. Number 3 drains one half of the north side of the rail spur on the north side of the plant and the center of roof line and narrow section of land on the east side of the plant. It does not receive flow from the easterly parking area, that all flows into the containment pond. There is a small, undisturbed area to the south of the east parking area and to the east of the main entrance, that also flows into outfall number 3.

Outfall number 2 captures the flow from the north and west sides of the plant. The containment pond captures the flow from the south side of the plant, which does not enter into the outfall but, for reporting purposes, is included in the flow calculations.

IV. NARRATIVE DESCRIPTION OF POLLUTANT SOURCES

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
002	7.1 acres	37.5 acres	003	8.0	12.9

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas; and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

no disposal occurs on site.
we maintain 3 - 30 yard roll offs used to handle scrap steel and sent off for recycling
we maintain 2 - 30 yard roll offs used to handle normal, non-haz solid waste, sent off site to Outer Loop landfill for disposal
we do, from time to time, store completed product, galvanized conduit, out doors, prior to shipping
we do have a small area set aside for unused equipment, not installed in the plant.
We do not apply fertilizer to the grounds. We have, twice per year, used an herbicide to kill poison ivy at the water sampling locations. Once per year, we have applied, a material that tends to deter geese from using our property. Every month, during the spring and summer, we place mosquito "donuts" to deter their breeding and hatching.
Land application is performed by outside contractors. No oily containers are stored out of doors. The active areas are inspected for any possible contamination and remedial action shall be taken, if anything is discovered. (SPCC plan)
Surface is asphalt drive, gravel drive or grassy area.
Outfall number two is located in such a way, that finished material transporters could impact, should an incident occur. Also, our main raw materials pass along side of the ditch to outfall 2 and wastes are shipped out along side outfall number 2.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table F-1
002	none	N/A
003	none	

V. NON-STORM WATER DISCHARGES

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-storm water discharges, and that all non-storm water discharges from these outfall(s) are identified in either an accompanying Form C or Form SC application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
LeMoyne Smith - President		

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

Monthly Grab samples from outfalls 002 and 003, results and dates submitted quarterly.
Lab Testing consists of pH, TSS, Oil & Grease, daily surface water flows for each outfall

VI. SIGNIFICANT LEAKS OR SPILLS

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

2009 - VM&P naphtha - 5 gallons, soil dug up, containerized and sent to Heritage for distruction
2008 - Iron Sulfate - 10 pounds, gravel drive dug up, containerized and sent to Heritage for disposal

VII. DISCHARGE INFORMATION

A,B,C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Parts A, B, C, & D are included on separate pages 4 and 5.

E: Potential discharges not covered by analysis - is any toxic pollutant listed in Table F-2, F-3, or F-4, a substance which you currently use or manufacture as an intermediate or final product or by product.

☒ Yes (list all such pollutants below) ☐ No (go to Section IX)

Hexavalent Chromium

VIII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (list all such results below) ☒ No (go to Section IX)

IX. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in item VII performed by a contract laboratory or consulting firm?

☒ Yes (list the name, address and telephone number of, and pollutants analyzed by each such laboratory or firm below; use additional sheets if necessary).

☐ No (go to Section IX)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
Beckmar Environmental Laboratory	3251 Ruckriegel Parkway Louisville, KY 40299	502-266-6446	Hexavalent chrome

X. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

NAME & OFFICIAL TITLE (type or print)	**AREA CODE AND PHONE NO.**
Mr. ☒ Ms. ☐ LeMoyne Smith, President	502-995-5939
SIGNATURE	**DATE SIGNED**
LSmith	4-12-10

VII. DISCHARGE INFORMATION	OUTFALL NO: 003

Part A - **You must provide the results of at least one analysis for every pollutant in this table.** Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1st 30 Minutes	Flow-weighted Composite	Grab Sample Taken During 1st 30 Minutes	Flow-weighted Composite		
Oil and Grease	<4 mg/l	Grab sample	<4 mg/l	Grab sample	1	Naturally occuring
Biological Oxygen Demand BOD_5	5 mg/l	Grab sample	5 mg/l	Grab sample	1	Naturally occuring
Chemical Oxygen Demand (COD)	61 mg/l	Grab sample	61mg/l	Grab sample	1	Naturally occuring
Total Suspended Solids (TSS)	10 mg/l	Grab sample	10 mg/l	Grab sample	1	Naturally occuring
Total Kjeldahl Nitrogen	1.52 mg/l	Grab sample	1.52 mg/l	Grab sample	1	Naturally occuring
Nitrate plus Nitrite Nitrogen	0.03 mg/l	Grab sample	0.003 mg/l	Grab sample	1	Naturally occuring
Total Phosphorus	0.2 mg/l	Grab sample	0.2 mg/l	Grab sample	1	Naturally occuring
pH	Minimum 6.7	Grab sample	Minimum 6.7	Grab sample	1	Naturally occuring

VII. DISCHARGE INFORMATION **Outfall NO: 002**

Part A - **You must provide the results of at least one analysis for every pollutant in this table.** Complete one table for each outfall. See instructions for additional details.

	Maximum Values (include units)		Average Values (include units)			
	Maximum Values (include units)	Average Values (include units)			Number of Storm Events Sampled	Sources of Pollutants
Pollutant and CAS Number (if available)	Grab Sample Taken During 1st 30 Minutes	Flow-weighted Composite	Grab Sample Taken During 1st 30 Minutes	Flow-weighted Composite	Number of Storm Events Sampled	Sources of Pollutants
Oil and Grease	<4 mg/l	Grab sample	<4 mg/l	Grab sample	1	Naturally occuring
Biological Oxygen Demand BOD_5	4 mg/l	Grab sample	4 mg/l	Grab sample	1	Naturally occuring
Chemical Oxygen Demand (COD)	61 mg/l	Grab sample	61 mg/l	Grab sample	1	Naturally occuring
Total Suspended Solids (TSS)	44 mg/l	Grab sample	44 mg/l	Grab sample	1	Naturally occuring
Total Kjeldahl Nitrogen	2.2 mg/l	Grab sample	2.2 mg/l	Grab sample	1	Naturally occuring
Nitrate plus Nitrite Nitrogen	0.51 mg/l	Grab sample	0.51 mg/l	Grab sample	1	Naturally occuring
Total Phosphorus	0.18 mg/l	Grab sample	0.18 mg/l	Grab sample	1	Naturally occuring
pH	Minimum 7.1	Grab sample	Minimum 7.1	Grab sample	1	Naturally occuring

Part C - List each pollutant shown in Tables F-2, F-3, and F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1st 30 Minutes	Flow-weighted Composite	Grab Sample Taken During 1st 30 Minutes	Flow-weighted Composite		
1333-8-20 Hex-chromium	<0.001 mg/l	<3.4 g/l	0.001 mg/l	<3.4 g/l	1	Outdoor product storage & stack emissions

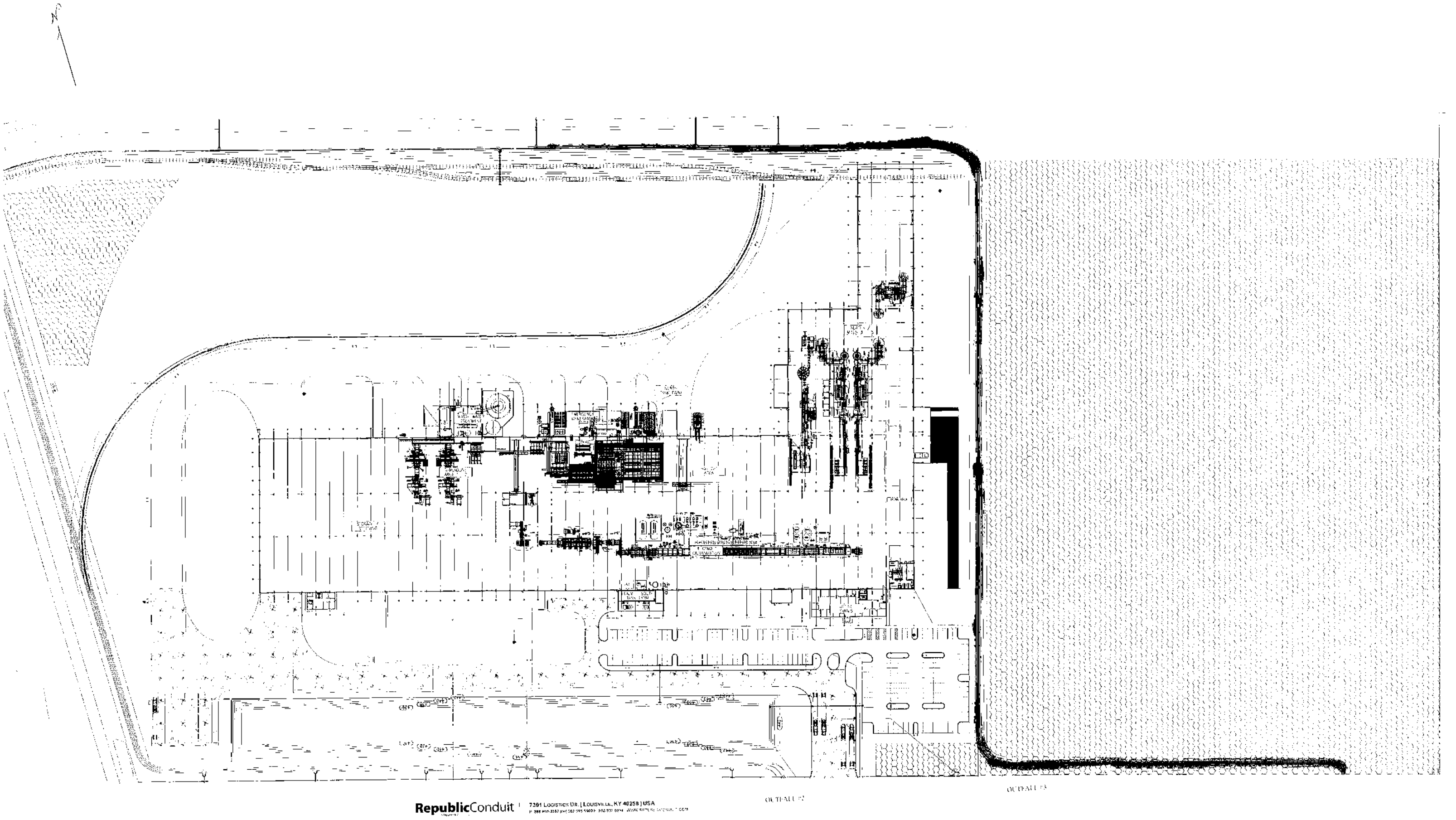
Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow-weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gal/min or specify units)	6. Total flow from rain event (gallons or specify units)
4/3/09	120	1.25	36 est	750	903,012 gallons

7. Provide a description of the method of flow measurement or estimate.

At the time, it was rain gauge, reading taken daily and NWS provided data sheets
Since August 2009, the company has its own weather monitoring station


MSD Stormwater Revenue
Impervious Area in sqft
Legend
Premise 926u103
Feet



RepublicConduit | 7301 Logistics Dr. | Louisville, KY 40258 | USA